

-Continuum of Care – RHY Basic Exit Data Collection

HMIS Form – SO, ES, TH and HP – (2021)



Client ID:	Project Entry Date:
First, Mi., Last Name, Suf:	<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Refused <input type="checkbox"/> Partial Street Name or Code Name Reported

Total Monthly Income: \$ _____ (Income from any source)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected				
Source of Income	Receiving income from any source?	Amount of income	How often?	Start Date	End Date
Alimony or other spousal support	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Child support	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Earned income	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Pension or retirement income from another job	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Private disability insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Retirement income from social security	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				

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TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Unemployment insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
VA Non- service connected disability pension	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Worker’s compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				

Non cash benefit from any source:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
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Source of non-cash benefit	Receiving income from any source?	Start Date	End Date
Supplemental Nutritional Assistance Program (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed		
Special Supplemental Nutrition Program for WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed		
TANF Child Care Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed		
TANF Transportation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed		
Other TANF Funded Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed		

Covered by health insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
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Source of Health Insurance	Covered	Start Date	End Date
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed		
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed		
State Children’s Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed		
Veteran’s Admin Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed		

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Employer Provided Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Completed		
Health Insurance obtained through COBRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Completed		
Private pay health insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Completed		
State health insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Completed		
Indian health insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Completed		
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Completed		

Disability Type	Currently Receiving Services or Treatment	Condition Long Term? (Y/N)	Start Date	Disability Determination (Y/N)	Disability Verification on File (Y/N)	End Date
Alcohol abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Both Alcohol and Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know					

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	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					

Note on Disability:

Last Grade Completed

- Less Than Grade Five
- Grades 5-6
- Grades 7-8
- Grades 9-11
- Grade 12/ High School Diplomas
- School Program does not have grade levels
- GED
- Some College
- Associate Degree
- Bachelor's Degree
- Graduate Degree
- Vocational Certificate
- Client doesn't know
- Client Refused
- Data Not Collected

School Status

- Attending school regularly
- Attending school irregularly
- Graduated high school
- Obtained GED
- Dropped Out
- Suspended
- Expelled

Employed?

- Client doesn't know
- Client Refused
- Data Not Collected
- Yes No
- Client doesn't know
- Client refused
- Data not collected

If Yes, Type of Employment

- Full-Time
- Part- Time
- Seasonal/Sporadic (Including Day Labor)
- Data not collected

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If No, why not Employed	<input type="checkbox"/> Looking for work	<input type="checkbox"/> Unable to work			
	<input type="checkbox"/> Not looking for work	<input type="checkbox"/> Data not collected			
General Health Status	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good		
	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know		
	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected			
Dental Health Status	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good		
	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know		
	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected			
Mental Health Status	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good		
	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know		
	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected			
Ever received something in exchange for sex (e.g. money, food, drugs, shelter)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
If yes for ever received anything in exchange for sex. In the past three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
If year for ever received anything in exchange for sex. How many times?	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-7	<input type="checkbox"/> 8-11	<input type="checkbox"/> 12 - more	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused			
Ever afraid to quit/leave work due to threats of violence to yourself, family or friends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Ever promised work where work or payment was different than you expected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
If yes for either "Workplace violence threats" or "Workplace promise difference" Felt forced, coerced, pressured, or tricked into continuing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
If year for either " Workplace violence threats" or "Workplace promise difference" In the last three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Project Completion Status	<input type="checkbox"/> Completed project	<input type="checkbox"/> Youth voluntarily left early	<input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from project		

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If expelled or involuntarily discharged, select the major reason

- Criminal activity/ destruction of property/violence
- Reached maximum time allowed by project
- Non compliance with project rules
- Project terminated
- Non payment of rent/occupancy charge
- Unknown/Disappeared

Counseling received by client Yes No

If yes to “Counseling received by client” – Identify the type (s) of counseling received:

Individual Yes No

Family Yes No

Group – including peer counseling Yes No

**Total number of sessions planned in youth’s treatment or service plan
A plan is in place to start or continue counseling after exit** Yes No

Exit destination safe - as determined by the client Yes No Client doesn’t know Client refused Data not collected

Exist destination safe – as determined by the project/caseworker Yes No Worker doesn’t know

Client has permanent positive adult connections outside of project Yes No Worker doesn’t know

Client has permanent positive peer connections outside of project Yes No Worker doesn’t know

Client has permanent positive community connections outside of project Yes No Worker doesn’t know

Notes:

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